

**REQUEST FOR APPROVAL OF PRE-LICENSING OR CONTINUING EDUCATION  
SPONSOR, INSTRUCTOR AND COURSE FOR GEORGIA RESIDENT INSURANCE AGENTS**

\_\_\_\_\_ New (All Items) \_\_\_\_\_ Pre-Licensing \_\_\_\_\_ Course  
\_\_\_\_\_ Renewal (1-5 & 7) \_\_\_\_\_ Continuing Education \_\_\_\_\_ Instructor

**THIS FORM MUST BE SUBMITTED IN DUPLICATE** TO THE GEORGIA INSURANCE DEPARTMENT, AGENTS LICENSING DIVISION, 9TH FLOOR, WEST TOWER, FLOYD BUILDING, NO. 2 MARTIN LUTHER KING, JR. DRIVE, ATLANTA, GEORGIA 30334, AT LEAST 45 DAYS PRIOR TO THE FIRST DAY THE COURSE IS TO BE HELD.

1. FEIN (TAX ID NUMBER) (SPONSOR):

2. NAME AND ADDRESS OF ENTITY

SUBMITTING COURSE (SPONSOR):

3. NAME OF CONTACT PERSON:

4. PHONE NO.

5. NAME OF INSTRUCTOR(S):

6. TITLE OF COURSE:

( ) CONTINUING EDUCATION ( ) PRE-LICENSING

7. TYPE OF COURSE: ( ) LIFE ( ) A&S ( ) PROPERTY ( ) CASUALTY ( ) SURETY ( ) EITHER  
( ) ETHICS ( ) CORRESPONDENCE

A. ADEQUATE PARKING FACILITIES? \_\_\_ YES \_\_\_ NO  
B. IS HANDICAPPED ACCESS PROVIDED? \_\_\_ YES \_\_\_ NO

8. LOCATION AND DESCRIPTION OF FACILITY:

9. DATE COURSE TO BE HELD:

ATTACH - (1) ONE OUTLINE ONLY of Course/Program/Subject showing Contact Hours per Subject (Continuing education - 50 minutes of contact equals 1 hour of credit. Pre-licensing - 60 minutes of contact equals 1 hour of credit. Only full hour credits allowed). (2) Educational Objectives and Biographical Sketch of Instructor(s). (3) List of all instructional materials to be used and a timed outline of the course. **FORM GID-111 MUST BE USED FOR THE CERTIFICATE OF COMPLETION.** THE COMMISSIONER MAY REQUIRE FURTHER DETAILS OF THE PROPOSED COURSE CONTENT OR COPIES OF ANY INSTRUCTIONAL MATERIALS TO BE USED, AS ARE NECESSARY TO DETERMINE THE ADEQUACY OF THE PROPOSED INSTRUCTION.

Bibliography: (list types of policies, forms or other support materials used. Do not send any of these materials unless requested in writing).

Correspondence and other individual study programs: Each course sponsor for correspondence and other individual study programs must certify the hours of study, on the average, required to complete a course successfully. Credit will be given for 50% of hours so certified upon certification of successful completion. Number of selfstudy hours required to complete \_\_\_\_\_.

NUMBER OF CONTINUING EDUCATION CREDIT HOURS REQUESTED \_\_\_\_\_ HOURS

NUMBER OF PRE-LICENSING EDUCATION CREDIT HOURS REQUESTED \_\_\_\_\_ HOURS

**DEPARTMENT USE ONLY**

APPROVED CREDIT HOURS \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: THIS SPACE MUST BE COMPLETED BY SPONSOR**

SPONSOR NAME

MAILING ADDRESS